

| POSITION                         | INITIALS    | ID NO.     | DATE            |
|----------------------------------|-------------|------------|-----------------|
| <b>FEE DETERMINATION</b>         |             |            |                 |
| <b>O.I.P.E. CLASSIFIER</b>       | <i>new</i>  | <i>571</i> | <i>3/27</i>     |
| <b>FORMALITY REVIEW</b>          | <i>WT -</i> |            | <i>03/27/01</i> |
| <b>RESPONSE FORMALITY REVIEW</b> |             |            |                 |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original |         |
| 1        | 2/15/01 |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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